



Madison County EMS



12-lead ECG Guideline

Acute Coronary Syndrome (ACS) 12-lead ECG Guideline To be used in conjunction with the Adult-Cardiac: Chest Pain protocol

- 12-lead ECG may be indicated for chest pain or severe dyspnea (difficulty breathing).
 - Obtaining a 12-lead ECG should not delay patient transport more than 2-3 minutes. Initiating care of the unstable patient takes precedence over 12-lead ECG; whenever possible, patient care and 12-lead ECG should take place simultaneously.
 - Once a 12-lead ECG has been obtained, the patient will be transported.
 - If an acute ischemic event is suspected on the 12-lead ECG, it should be transmitted for **Medical Command review**, if possible. If transmission occurs, **medical command must be contacted** by radio or phone to discuss patient and ensure the physician sees the ECG, and that additional resources may be mobilized as necessary to expedite patient care.
 - If time permits, fill out a Fibrinolytic Questionnaire for the patient, but do not let this delay patient management.
 - Obtaining the field 12-lead ECG is still valuable for comparison to later 12-lead ECG's even if transmission is not possible.
 - During documentation, two copies of each decipherable 12-lead obtained must be attached to the PPCR, one at the hospital and one at the station.
1. Refer to Adult - Cardiac: Chest Pain Guideline.
 2. Repeat ECG with change in patient's condition. If there is any significant change demonstrated on the 12-lead ECG, request medical command and re-transmit 12-lead ECG to receiving hospital if possible.